Case 1:07-cv-07084

Document 34

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U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF				COURT CASE NUMI	050	
Consular Rabbi K.A. Israel				07C7084		
DEFENDANT				TYPE OF PROCESS		
Circuit Court of Cook County, Illinois, et al.			- 1	s/c		
SERVE NAME OF INDIVIDUAL, COMPA	NY, CORPORATION	, ETC., TO SERVE OR	DESCRIP		O SEIZE OR CONDEMN	
Ernestine Allen						
ADDRESS (Street or RFD, Aparts	ment No., City, State	and ZIP Code)				
AT 2015 Knottingham Drive	e, Augusta, (Georgia, 30906	5			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				Number of process to be		
Rabbi K.A. Israel			served	served with this Form - 285		
			Number	of part to be		
Paralegals for Economic Foundations P.O. Box 803244				Number of parties to be served in this case		
Chicago, IL 60608			<u></u>			
			Check for	nr vervice		
SDECIAL INSTRUCTIONS OF OTHER INCORMATIC					46	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION Telephope Numbers, and Estimated Times Available For	ON THAT WILL ASS r <i>Service</i>):	SIST IN EXPEDITING	SERVICE	(Include Business and		
Fold					Fold	
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					$C_{i,j}$	
		<u>FEB</u>		08 Y M		
Signature of Attorney or other Originator requesting service	e on behalf of:	K PLAINTIFF	1	ONE NUMBER	DATE	
		DEMINITARIL CLERK, U.S. I	DISTRIC	SB.NS	_ 01-22-08	
SPACE BELOW FOR USE OF U.	S. MARSHAI				W THIS LINE	
I acknowledge receipt for the total Total Process Distri	iet District	Signature of Authoriz	zed USMS	Deputy or Clerk	Date	
number of process indicated.					TD at an an	
than one USM 285 is submitted) No	24 Nyr. 21	_			012208	
I hereby certify and return that I \(\simegi \) have personally served.	. ☐ have legal evidenc	c of service, \Box have exe	cuted as si	hown in "Remarks", the	process described	
on the individual, company, corporation, etc., at the address						
☐ I hereby certify and return that I am unable to loca	ste the individual, cor	mpany, corporation, etc.	, named a	above (See remarks be	low)	
Name and title of individual served (if not shown abov	rc)			A person of	suitable age and dis-	
		· · · · · · ·			residing in the defendant's.	
Address (complete only if different than shown above)				Date of Service	Time am	
				14001-28-	18	
					7700	
				Signature of U.S.	Marshal or Deputy	
	,			- Jak		
Service Fee Total Mileage Charges Forwarding F	cc Total Charges	Advance Deposits A	mount ow	ed to U.S. Marshal or I	Amount of Refund	
90,00 20 7,2001	192.20				2	
REMARKS:						
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